L18000036863

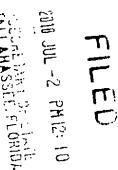
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Nadiess) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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100/h

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: Civicus, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this | matter to the following: | | | | | |
| Edwin P. Hill | | | | | | |
| Name of Person | | | | | | |
| Civics, LLC | | | | | | |
| Firm/Company | | | | | | |
| 4846_Sun City Center Blvd | | | | | | |
| Address | | | | | | |
| Sun City Center, Florida 33573 | | | | | | |
| City/State and Zip Code | | | | | | |
| ehill@kawera.com | | | | | | |
| E-mail address: (to be used for future annua | l report notification) | | | | | |
| For further information concerning this matter, pl | ease call: | | | | | |
| Edwin P. Hill | 813 244-9160 | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following an | mount: | | | | | |
| ☑ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 2. (a) | Civicus | (b | Civicus | |
|--|--|--|--|---|
| . (44) | Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) | | Mailing add | ress of limited liability company: AY BE POST OFFICE BOX) |
| • | 4846 Sun City Center Blvd. | | 4846 Sun City C | enter Blvd. |
| | Sun City Center, Florida 33573 | | Sun City Center, | Florida 33573 |
| | 02/09/2018 | | L18000036863 | |
| 3. | Date of filing/registration in Florida | 4. | Documen | nt number |
| 5. (a) | Edwin P. Hill | | | |
| J. (11) | Registered Agent and Registered Office shown on the record | ls of the Florida | Dept. of State. | |
| | 625 Fort Duquesna Dr. | | | 22 |
| | Registered Office Address (MUST BE FLORIDA STRE | ET ADDRESS | <u> </u> | 包置力 |
| | 625 Fort Duquesna Dr | | | FILE JUL-2 |
| | Sun City Center | 33573 | | JUL-2 PHIZ: 10 |
| (b) | Edwin P. Hill | | | PH 12: 10 |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> | ered Office add | lress: | |
| | Civicus | | | |
| | NEW Registered Office Address: | | | |
| | 4846 Sun City Center Blvd. | | | |
| | Sun City Center | . FL_33573 | | |
| the cha agent w was/we the arti | mited liability company is not organized under the rige or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of the united are authorized to be of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and compared to the proper and compared to the proper of the province of the proper of the province of the pr | s of the regis d liability colors of the limited li Mr. I | tered office and the binpany, it is hereby exted liability company ability company. Edwin P. Hill Printed or this capacity: I find | susiness office of the registered on firmed that the change(s) or as otherwise provided in syped name of signee |

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314